

CITY OF FREMONT FIRE DEPARTMENT
A Certified Unified Program Agency

FACILITY CLOSURE NOTIFICATION FORM

Facility Name: _____
Facility Address: _____
Mailing Address: _____
Business phone: _____ Contact person/Title: _____

No hazardous or potentially hazardous items are to be removed from the site until the Closure Notification Form and/or a Closure Plan has (have) been submitted to and approved by the Fremont Fire Department.

Check all boxes relating to the facility to be closed:

- ☐ Limited closure (only a portion of the business operation) Describe Area: _____
- ☐ Full Business Closure – Describe square footage used for hazardous materials: _____
- ☐ Full Site Closure (buildings to be demolished/redevelopment of property) Describe site, size, no. of buildings and hazardous materials areas: _____
- | | |
|---|---|
| <input type="checkbox"/> Generated hazardous waste | <input type="checkbox"/> Underground tanks # _____ |
| <input type="checkbox"/> Tiered permit unit (e.g., PBR, CE, etc.) | <input type="checkbox"/> Aboveground tanks # _____ |
| <input type="checkbox"/> Waste treatment system | <input type="checkbox"/> Vehicle or engine maintenance |
| <input type="checkbox"/> Discharges to sanitary sewer | <input type="checkbox"/> Parts washer |
| <input type="checkbox"/> HMBP on file | <input type="checkbox"/> Degreaser unit |
| <input type="checkbox"/> Dry cleaner | <input type="checkbox"/> CFC or HCFC appliances present |
| <input type="checkbox"/> Photo developer | <input type="checkbox"/> Plating shop |
| <input type="checkbox"/> One piece of equipment only | <input type="checkbox"/> Semiconductor fab |
| <input type="checkbox"/> subject to Federal ARP or CAL ARP | <input type="checkbox"/> Dispensing of flammable or combustible liquids |
| <input type="checkbox"/> BAAQMD permit | <input type="checkbox"/> sandblasting or metals deposition |
| <input type="checkbox"/> Compressed gas cylinder(s) | <input type="checkbox"/> Barrel/drum storage |
| <input type="checkbox"/> Scrubbers/fume hoods/ducting | <input type="checkbox"/> Trenches/containment areas |
| <input type="checkbox"/> Sumps, hoists | <input type="checkbox"/> Chemical storage cabinets |
| <input type="checkbox"/> Radioactive materials | <input type="checkbox"/> More than one building |
| <input type="checkbox"/> Biohazards | <input type="checkbox"/> Other: _____ |

A closure plan approved by the FFD is required for facilities that are to be closed or for any storage/use/handling/processing area(s) that are to be closed. Facility Closure Plans and Notifications are to be submitted **no less than 30 days prior to** the intended date of closure.

This document must be signed by the Facility Manager, an Officer of the Company, property owner, or other responsible party (not the consultant or contractor).

I hereby certify under penalty of perjury that the information contained in this FACILITY CLOSURE NOTIFICATION is true and correct. I recognize the CUPA has full right-of-entry to my complete facility for the purpose of investigation and inspection to demonstrate compliance with this Application and applicable state and local regulations.

Authorized
Signature/Date: _____

Printed Name/
Title: _____